

**MIAMI-DADE COUNTY
REEMPLOYMENT DISCLOSURE FORM**



I. NAME _____ SS# _____

Please complete Part II or Part III, as applicable.

II. I am not retired from any Florida State-Administered retirement plan.

SIGN _____

DATE _____

III. I am retired from _____ Retirement System

The effective date of my retirement was _____.
I understand that if I retired under a State of Florida administered retirement system
and:

- 1.) I am employed in any type of position (temporary, part-time, or regular established) during the first month of retirement, my retirement is void, all benefits received must be repaid and I must reapply for retirement benefits before retirement will be effective;
- 2.) If reemployed during the 2nd through the 12th months, my monthly retirement benefits must be suspended during these months of my retirement.

SIGN _____

DATE _____